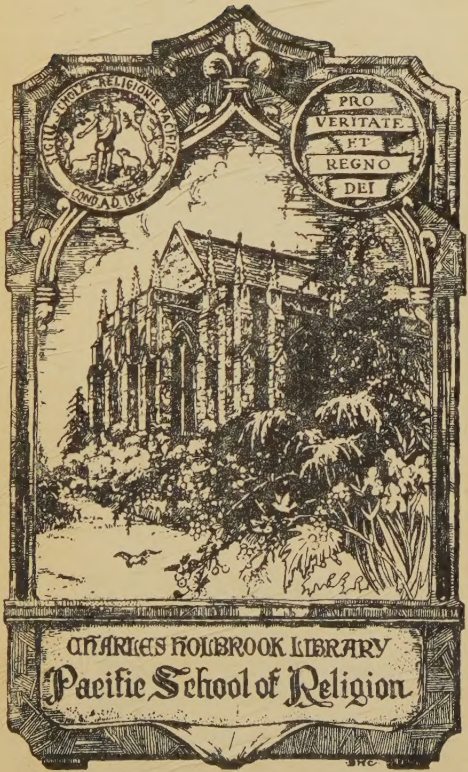
YOUR MIND AND YOU

MENTAL HEALTH

BY

GEORGE K. PRATT, M.D.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GEORGE K. PRATT, M. D.

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INTRODUCTION

HAPPINESS is thought by some persons to depend entirely upon sound physical health. Others believe that the road to happiness lies merely in the development of the intellect. Certainly, no one will deny that good health and adequate intelligence are eminently desirable attributes, but to attain true happiness and the joy of living, there must be added to them another essential. That is mental health. "A sound mind in a sound body" is a good slogan, but, unfortunately, a sound body does not always assure a sound mind, nor does an unsound body always mean an unsound mind. Mental hygiene is a movement which is concerned with the efficiency, the happiness, and the ability to get the best out of life, of every one of us, just as it is also concerned, as a movement, with the problem of the care and treatment of the great body of helpless sufferers ill of obvious mental disease, and with the social and economic problems which develop about them.

This book of Dr. Pratt's is the one in the National Health Series which specializes on mental health. The author is well qualified to write on the subject, for he has had many years of experience with this type of practise. The Massachusetts Society for Mental Hygiene, of which he has been medical director for several years, is one of the most progressive and effective in its results of any mental hygiene association in the country. Dr. Pratt has been successful in presenting in a popular manner the scientific aspects of this important subject.

FRANKWOOD E. WILLIAMS, M. D.
Medical Director,
National Committee for Mental Hygiene
New York, *July*, 1924.

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YOUR MIND AND YOU

CHAPTER I

HISTORICAL

IN MODERN warfare a muzzle-loading blunderbuss is obsolete as a weapon of attack. It was useful in its day, and at one time it represented the height of military science. To-day it is a museum-piece only.

Much the same transition and advance has been experienced in medical science, except that until the very recent era of modern preventive medicine and public health activity, medical science has always taken the defensive and has been content to remain dormant until the enemy attacked. To-day, however, medical science has at last become the aggressor, and has penetrated deeply into the disease enemy's terrain.

No longer is mankind content feebly to defend himself against the disease enemy with makeshift weapons and with moss-covered theories and practices. To-day mankind "forestalls the enemy from afar" and takes the aggressive. Immunization against smallpox, typhoid fever, diphtheria, and other plagues is now universally practised, as contrasted to our former custom of waiting to cure after the patient came down with the disease. Public-health programs of vast and far-reaching types against dirt-borne diseases are the rule rather than the exception; while recent to the X-ray the radium tube, and the microscope represent additional types of modern weapons too common to call forth comment.

In this general medical advance, psychiatry, as a

branch of medical science dealing with nervous and mental disorders, lagged behind until the time of the World War. Then it took sudden stock of its dilatoriness, and since that time it has so admirably acquitted itself that it is now well toward the front rank of the preventive-medicine warriors. Indeed so rapidly has psychiatry acquired knowledge and prestige that, in 1923, Dr. Haven Emerson, a well-known authority, stated: "We have arrived at a point in the organization of our national effort for health where advances in the fields already preempted and liberally supported by public opinion and resources must wait for their entire success upon a fair beginning and progress in the most delicate and difficult and yet the most promising undertaking of all—the prevention of nervous disorders and mental defects."

Along with, or really preceding, all this new and valuable psychiatric knowledge, went a throwing overboard of many of our old conceptions regarding mental disease and insanity.

Old and New Concepts of Mental Maladies

A brief and, of course, sketchy review of how Mankind regarded departures from normal mental health from the days of Æsculapius to date reveals many interesting concepts. One concept, however, has persisted through all the centuries until very recently. Indeed, to our disgrace it is still extant in certain regions of America and in numerous localities in Europe. This was the interpretation of mental disease—insanity, "lunacy," hysteria, and so forth—that regarded the patient as being possessed by evil spirits or devils. Treatment usually consisted of some form of scourging out those evil spirits by flogging, burning, or otherwise torturing the poor wretch whose body was supposed to be the demon's habitat. Confinement in foul dungeons, chained to

the walls, was another measure often resorted to, the victim being treated like a wild animal and subjected to unprintable abuse. Remnants of this treatment measure exist in modified form in some of our States to-day, but will not continue for long; for as public enlightenment of mental diseases increases, public indignation of such measures forces rapid and humane changes.

As late as 1800 this method of caring for the mentally sick was almost universal. The old Bedlam hospital in London served as an excellent example of this kind. This institution was run as a menagerie, and a fee charged for admission. Dungeons, chains, ducking-stools, circular swings, and other types of restraint were freely used as well as drastic purging and blood-letting to let escape "evil biles" and spirits and thereby quiet the individual.

In France, in 1792, Dr. Philippe Pinel was made Superintendent of the Salpêtrière, an asylum for insane women in Paris. For years he had pleaded for permission to remove his wretched charges from the dungeons and chains that confined them; but the authorities refused, for fear of what "outrages" the "lunatics" might commit. He finally had his own way, granted with much official misgiving, and there is in all history no more touching event than that which occurred when Pinel ordered the chains struck from these women and their removal to decent quarters. In a marvelously interesting book by Letchworth, called "The Insane in Foreign Countries," printed in 1889, is found Pariset's description of the women inmates of the Salpêtrière: "Sometimes enchained naked in almost subterranean cells, worse than dungeons, they had their feet gnawed by rats, or frozen by the winter's cold. Thus injured on all sides, their embittered hearts breathed out vengeance and, intoxicated with frenzy, like bacchantes, they

burned to tear in pieces their attendants or to destroy themselves before them."

What a contrast to our modern hospitals for the insane. To-day in many States there are rigidly enforced laws forbidding physical restraint of patients except to clean, sunny, and well-ventilated rooms, and even this is for only the most violent type. We have learned that the vast majority of the mentally sick needing hospital care can be dealt with kindly, humanely, and intelligently with a minimum of restraint. For those few patients who may, during temporary episodes, become so active as to weaken themselves and subject themselves to injury, a few hospitals continue to use the camisole or "strait-jacket," but the great majority of institutions have discarded entirely such devices and rely on the more medically sound and humane "continuous bath." Here the patient is carefully rubbed all over with vaseline (to prevent softening of the skin by action of the water) and placed in a large tub covered by a sheet through an opening in which projects the patient's head. Continually running through this tub is a gentle flow of fresh water kept at a fraction under body-heat by a mixing valve. The over-active patient is left in this tub from three to ten hours, but is constantly attended by a nurse. Invariably it soothes and quiets and serves far better as a sedative than strait-jacket or powerful hypnotic drugs. For cases of lesser excitement, the patient is often wrapped in wet sheets wrung out in warm water.

All in all, the modern American institution for the care and treatment of the insane is a hospital for the mentally sick, just as much as the general hospital in any community is an institution for the physically sick. The term asylum is as obsolete as the word lunatic; and the hospital idea is quite warranted, because our hospitals for the insane are to-day no

longer mere custodial institutions, but are curative in purpose and fact. Each year sees an increasing percentage of mentally sick persons returned to their homes from such hospitals, well, contented, and able to resume once more the interrupted thread of their lives.

Another new conception of mental disease is quite apparent of late, especially within the medical profession. Like the layman, physicians for a long time regarded mental disease as an affection of the brain, and doctors with special training in this subject were called "brain specialists." Now medical science has learned that as an isolated organ of the body, the brain alone is seldom the seat of mental disorder. So many other portions and functions of the body are now known to be involved in mental disease that we have been compelled to discard the old conception of mind and body as two separate units. Mind influences body, and unquestionably body influences mind. So physicians have come gradually to think of mental disease as affecting the whole human organism, not just the brain alone.

"Asylum" Versus "Social" Psychiatry

We now have a new division of the study and treatment of nervous and mental diseases, called "social psychiatry." Social psychiatry differs in two important respects from "asylum" or what is sometimes called "Kraeplinian psychiatry": (1) It teaches the recognition at the earliest stage of the incipient, warning symptoms of nervous and mental disaster. This, of course, means during childhood; because it is in this plastic, flexible period that the necessary wholesome habits of mental health can be best instilled and faulty ones, pointing to impending disaster in later life, corrected. Therefore, the recognition and understanding that disagreeable and

unhealthy habits and tendencies during childhood, and the development in excess of queer, warped or twisted personalities during this same period constitute early danger signals, is an important part of the new psychiatry. Basic adult personality is usually formed and fairly well fixed by the eighth year of life.

(2) Social psychiatry teaches us to regard man as a single unit or entity, and not consisting of a multitude of isolated anatomical fragments. For example, even to-day in many localities the modern school child is passed through an almost daily gamut of physical inspections. Scrupulous attention is given to portions of his anatomy: to his tonsils and adenoids, to his eyes, his teeth, to the condition of his skin, his weight, and his height, but until quite recently scant attention has been given to the whole child, the complete unit, his personality and character and what makes him what he is.

Social psychiatry does this very thing. It insists that we look at the patient as a human being and from the whole point of view, with a knowledge of how he fits into his niche in life, not merely as an impersonal machine suffering from heart-disease or stomach-trouble or eye-strain.

CHAPTER II

MENTAL HYGIENE

THAT the mental health of a community is as important as its physical welfare is an obvious but generally disregarded fact; obvious, because without mental health the most vigorous can not maintain satisfactory social or economic adjustment; generally disregarded, because that residuum of medieval superstition, stigma, clings tenaciously to our mentally sick, and we are prone to disregard that which is either unpleasant or little understood.

What Mental Health Is

Unfortunately, to a vast body of the general public the term "mental disorder" means but one kind—so-called insanity. The mental-hygiene movement is everywhere embarrassed by a popular fallacy that this latest of the country's great public-health organizations seeks only to prevent or lessen cases of actual insanity. As a matter of fact, while "mental disorder" does include the so-called insanities, its medical interpretation embraces other conditions equally important, and far more numerous. That is chiefly why "insanity" is being rapidly discarded by physicians as the descriptive term of a disease entity whose boundary lines are changing from year to year through accretion of new knowledge. To-day this expression has been relegated largely to the law, where its chief use is that of an index to responsibility for human misconduct.

In addition to insanity, "mental disorder" includes a variety of border-line states of which constitutional psychopathic inferiority is one. It also includes the

various grades of feeble-mindedness, as well as an overwhelming number of conditions that misunderstanding and tradition insist on labeling from sociologic or legal points of view, i.e., certain cases of delinquency, prostitution, vagrancy, dependency, and so on. The keynote of the modern school of psychiatry, which affirms that certain juvenile delinquents who habitually lie, steal, run away, or become immoral, may need, not punishment perhaps, but to be understood, strikes a responsive chord in an enlightened public. But in the face of proven facts and established truths that same public holds with a determined tenacity to an economic policy of medieval origin, which permits many relief and charitable agencies to go on rearing their entire structures on a fallacious and scientifically abandoned theory that poverty breeds insanity and feeble-mindedness.

Lastly, under "mental disorder" comes a group of conditions known technically as the psychoneuroses, many of which will be more familiarly recognized under the guise of "nervousness" or "nervous breakdown," but whose owners will refute with hot indignation any implication of a "mental" element in them. To the psychiatrist, however, plain, every-day "nervousness" is as much a mental disorder as insanity, altho causative factors and prognosis are seldom similar.

Among this psychoneurotic or nervous division are found those individuals who contribute so largely to the discomfort, distress, and unhappiness of many homes and communities. They are the persons with no discoverable physical disease, who seek to translate their mental or nervous difficulties and conflicts into terms of physical invalidism—a major division of those much-maligned individuals who chronically "enjoy ill health." The fact that the complaints of

such people are usually expressed in terms of the physical must not be misleading, altho that is precisely their purpose. The underlying cause is invariably hidden, but often will be found to have its roots imbedded in a life situation which the patient can not handle without symptoms and to which he can not adjust himself, while its continuance, if unmodified, becomes intolerable or impossible. Recognition or admission of the true situation, even to himself, is not compatible with his self-esteem, and unintentionally, unconsciously, subconsciously if you like, a protective coloring is assumed in the form of pseudo-physical complaints.

Its Importance to Every One

Such, then, is the variegated material with which mental hygiene deals. Obviously, in a field so broad few can escape daily contact with one or another of these conditions. This is especially true of social workers, teachers, nurses, physicians, and probation officers, whose work lies to such great degree among life's mental cripples and ineffectives. The late Dr. E. E. Southard, former Director of the Boston Psychopathic Hospital, is quoted as saying that "one out of two cases of social trouble is a psychiatric one." Many of us do not think this an excessive estimate. But the tragedy of this situation is enhanced when we realize how few of the professional groups just mentioned recognize what Mary Jarrett calls "the psychiatric thread running through all social case work," and who are misled by the red herring of distorted symptoms which mental disease throws across the trail.

Need for Public and Medical Interest

The knowledge that a certain amount of mental disorder, tho not all of it by any means, is pre-

ventable is the heavy artillery of mental hygiene's armament; while dissemination of this fact, accompanied by popular educational campaigns in the ways and means of such prevention, is its method of carrying on the attack. Broadly speaking, but two conditions are necessary to prevent a considerable amount of mental disorder:

1. That early warning symptoms of approaching mental disease, no matter what the variety, be early recognized;

2. That once recognized (and a willingness instilled to acknowledge them *as* incipient mental disorder) prompt and efficient treatment be given.

The first condition implies on the part of a large number of the public some knowledge of what these symptoms are. The second presupposes the existence of adequate clinics and treatment centers for early cases. Until information about the nature and prevention of mental disorder is made freely available to the public; until the fog of stigma, superstition, and ignorance that surrounds the mentally sick is dispelled; and until mental disorder is accepted as a disease and not a disgrace, the first of these conditions can not become effective. Likewise, until sufficient clinics are established to treat the early, beginning case, the problem will continue to grow.

Thus is adduced one of the weightiest reasons for the establishment of psychopathic hospitals and outpatient clinics, for, as now constituted, most State hospitals for the insane offer treatment to advanced cases only. They deal proverbially with end results.

Disagreement occasionally arises as to what is meant by the detection of "early" symptoms. Obviously in some cases this would be a matter for fine diagnosis. Generally speaking, however, mental disorders may be said to be first recognizable in childhood. This is why the whole mental-hygiene move-

ment is rapidly getting back to its starting point—early childhood—and is dedicating a large portion of its program to this period. Just as workers in other fields of public health have found it necessary to commence with the child, so have mental hygienists discovered that during this flexible and formative age sound habits of mental health can best be instilled and faulty ones corrected.

Mental hygienists are stressing one great point, namely, that in most cases of nervousness, in many cases of delinquency, in some cases of insanity, and in almost all cases of child behavior or conduct disorder, the trail leads inevitably and directly back to the home and the parents. And this fact operates in just the same fashion and with almost as much vigor and frequency among families of the well-to-do as it does in the tenements.

Education is the keystone in the structure reared by the mental-hygiene movement in its fight to prevent mental disorder. Its methods are legion. They include surveys, lectures, publicity methods, conferences, and, recently, on the realization that public knowledge of such matters can not rise higher than its source, special efforts have been made to insert courses in mental health into the curricula of medical schools, schools of public health, nurses' training schools, normal schools, schools for social work, and other educational institutions.

Such a program can not be carried out successfully by the medical profession alone. Just as the tuberculosis movement required the active cooperation of a large majority of the public for success, so does the mental-hygiene movement require widespread interest and help on the part of the community at large to achieve its goal. The fight against Man's Last Specter (mental disease) is every one's. The burden

of mental disease falls on every last person in the community. There is no home unmenaced.

Here is a cause that can not be set apart. It is not special, separate, unrelated. It impinges upon every one of our public undertakings. It moves all our problems of public care back to the neighborhood of their source. You can not be a citizen, you can not live in any community, you can not share in the burdens of public cost, however indirectly, and not wish for the success of the attack on mental disease, the safeguarding of mental health.

CHAPTER III

SERIOUS CASES OF MENTAL DISEASE—SO-CALLED "INSANITY"

MANY persons carelessly think of "mental disease" or "mental disorder" as meaning the same thing as insanity. To be sure, insanity is a mental disease, but a mental disease need not necessarily mean insanity. Indeed, if one takes into consideration all the other symptom groups included in the term "mental disease," he will find that insanity alone plays a relatively small part.

To say that John Jones is insane means simply that he is suffering from an attack of mental disorder whose symptoms are more social than personal. Many a person, from a medical point of view, is daily walking the streets quite insane, but because his particular variety of insanity is characterized by symptoms important to or concerning only himself, he is unmolested. Let these symptoms, however, acquire social significance, such as making a physical attack on some one or outraging the sensibilities of the community by an immoral or indecent act, and he is likely to be bundled off to the hospital forthwith. So it often comes down to a matter of degree whether we think of an individual as insane or not. However, psychiatry, which is that branch of medical science concerned with the diagnosis and treatment of mental and nervous disorders, has been able to place certain manifestations of mental disease into a group classified as the "psychoses," or cases of serious mental disease called insanity.

Generally speaking these psychoses are separable into two more or less distinct groups:

A. Organic (or physical) cases,

B. Functional (or non-organic) cases.

Organic Insanity

In Group A there can be found in the brain and other parts of the central nervous system evidences of an actual physical or structural injury. Thus, in General Paresis (or softening of the brain) due to syphilis, it is possible to discern with the microscope and often with the naked eye areas in which the consistency of the brain tissue has been altered and partially liquified. With this organic defect go various mental changes which are more or less characteristic of the disease in question. The mental symptoms accompanying brain tumor, or the changes in personality associated with hardening of the arteries of the brain (cerebral arteriosclerosis), are other examples of organic defect.

Functional Insanity

Group B, or the functional cases, are rather more elusive. To date no satisfactory evidence has been discovered to link up the mental symptoms of this group with any organic or structural defect. In these cases the trouble seems to lie, not in the engine itself, so to speak, but in the way it is used and functions. Thus, in a certain type of insanity called Dementia Præcox, which attacks young people between the ages of twelve and twenty-five years, it is at present impossible to demonstrate any changes in the brain or spinal-cord structures. This is also true of another type of insanity called "manic-depressive," which is characterized in classical cases by an alternation between extreme elation and depression.

There are many kinds of psychoses or insanities. So many, in fact, that medical science has devised a classification so complex that no attempt will be made to reproduce it here.

Causes of Insanity

To discuss this question takes one deep into the field of speculation. The causes of some types of insanity are definitely known, such as general paresis, where an uncured syphilis is the causative factor, or alcoholic insanity, where chronic and excessive indulgence in alcohol is to blame. For perhaps a majority of the cases of insanity, however, no specific and definite cause can be ascertained. Formerly we were accustomed to place the blame entirely on heredity, but to-day our ideas on this subject are undergoing a change.

It is indisputable that some varieties of insanity can be explained on no other basis but that of transmission through a defective lineage. On the other hand, there has been discovered ample evidence that certain other types, while not directly inherited themselves, possess a tendency which is inherited. Doctors tell us that tuberculosis as a specific disease is not inherited, but that a child may be born of tuberculous parents and become endowed with a tendency to the disease. This means the child's threshold of resistance to infection from tuberculosis is lowered, and he may then become infected more easily than other children born without this tendency.

So it is with mental diseases. A child may be born of parents, one or both of whom may have several cases of insanity in the family, and may inherit the tendency to later breakdown. If his path in life is a simple one, if few demands are made on the child for mental adjustment to his environment, then the tendency may never become lighted up. Let him

be subjected from babyhood, however, to strong emotional experiences; let his environment call upon him for a degree of mental adjustment which he is not capable of meeting, and the ensuing mental conflict acts as the match which lights up this latent tendency, and a full-fledged mental disorder of some kind often results. This is why mental hygienists emphasize so strongly the necessity for understanding the child early in life, that these latent tendencies may be early recognized and steps taken to prevent the smoldering spark from being turned into a conflagration through unwise habits of child training.

Treatment of Insanity

To treat a well-developed case of insanity so as to bring about a medical cure is often unsatisfactory, altho much can often be done to accomplish a "social" cure which permits the patient to return to the community only partially handicapped. It is far easier to prevent such cases in their early stages than it is to cure them later.

In the main, treatment of them is treatment of the condition producing them. General paresis is treated (but usually with little effect, if commenced late) by treating the syphilis that caused it. Insanity caused by brain tumor is treated by surgical operation and removal of the tumor. Treatment of functional cases is not as definite as in the foregoing examples. Here treatment consists of the building up of the general physical health, of offering nourishing food and comfortable quarters, but perhaps, most of all, of offering the patient a kindly asylum and refuge from the irritations and impatience and misunderstandings of family life and a non-understanding environment. This last is highly important, as can be shown by the frequent fact that many

insane patients who are turbulent, destructive, and irritable when cared for at home, settle down quickly under an intelligent and kindly institutional regime and become quiet, well-behaved, and industrious.

As a rule the outstanding symptom of one who is mentally sick is an inability to conform to established customs and social dictates. It is not that he is unwilling to conform, but that he can not which makes him socially unacceptable. This is not always understood by the family, who urge the patient to live up to a standard of conduct which makes too great demands on him. The home atmosphere, therefore, chafes and irritates, and his illness is aggravated. Because of all this lack of understanding by the family of what the patient can and can not live up to, many a sufferer from a relatively mild type of mental disorder has been literally driven into a more serious condition. Such persons, despite their lessened insight, welcome with open arms the State hospital as affording them an escape from an intolerable home environment and the misguided solicitude of an irritating family.

Prevention of Insanity

To prevent a case of insanity is not the relatively simple matter which it is to prevent smallpox or typhoid fever. One can not be vaccinated against insanity, altho there are other things that in general can often be done which will help. First of all it must be understood that the foundations for insanity are laid years and years before the case becomes usually recognizable by the layman. The so-called incubation period of smallpox or typhoid fever or any of the other infectious diseases is usually from ten to twenty-one days. The incubation period, however, of so-called insanity almost inevitably dates back to the early childhood of the patient where the

foundation for the difficulty was laid. Thus it is that a preventive program for mental diseases can do little good if invoked during middle life. Prevention must begin during childhood; as one noted authority has facetiously but truly remarked, "the prevention of mental disease must begin with the grandparents."

A knowledge and the intelligent use of wholesome principles in mental-health training during childhood will do much to reduce the large number of cases of insanity. The solution of the problem, therefore, will probably not be realized for one or two generations. However, if the problem is to be solved at all, a start must be made; and there is sufficient medical knowledge available and waiting at present to make the beginning, if one only has the willingness, of a valuable preventive program.

A subject for popular discussion at present is whether or not insanity is on the increase. Some persons feel that the rush and hurry of modern life tend to more frequent breakdowns on the part of individuals making up the large body of the general public. Other authorities, and these seem to be the majority, feel that the actual number of cases of mental breakdown are not increasing, but as our medical knowledge of such cases increases and as our scientific methods of detection grow more refined, we are able to discover such conditions among persons that have heretofore gone unsuspected. Thus it is that almost every State in the Union is confronted with the task of providing additional accommodations for the mentally sick in institutions. This is especially true of States where mental-hygiene educational programs have gone hand-in-hand with clinical or treatment programs, which have uncovered many cases of this kind and referred them to State hospitals for care and treatment.

CHAPTER IV

WHAT MAKES THE WHEELS GO 'ROUND

Mental Mechanisms—Compensation

OUR mental lives, our personality, our character and conduct are guided by certain well-known principles called mental mechanisms. Space permits us to mention but a few of these. First of all there is a type of mental mechanism called "Compensation." It arises out of a mental conflict or a clash between an ambition or a wish which is inharmonious with the facts of real life. It is what we resort to when we are thwarted in our hopes and desires. Or it may be that activity we assume when we wish to atone for some guilty thought or act. We use it frequently, tho seldom do we realize it, and in most cases it is a comforting and even a health-preserving device. Sometimes, however, we have been so severely thwarted, so painfully checkmated that a few of us over-compensate—and in such cases the effects of over-compensation on the social fabric are apt to be harmful and destructive.

An example of simple, constructive, and perfectly natural compensation is seen in the childless but passionately child-loving woman who devotes a majority of her time to orphan asylums and child-caring social agencies, or in the man who plunges head-overheels into the intricacies of radio as a hobby for the purpose of gaining satisfaction and pleasure which a life of domestic friction and discord denies him.

Defense Mechanisms

On the other hand, the man who over-compensates is frequently in trouble. For instance, an individual menaced by the specter of inferiority may swing the pendulum of compensation too far in the opposite direction. Then, in his frantic struggles to prevent the world from suspecting his timidity, his shyness, his natural pacifism, he buckles around him a protecting armor of bravado, of bluster and arrogance by which he hopes to scare off any one who might remotely discover his weakness. Accordingly, his associates come to know him for traits of contentiousness and belligerency. He is a flashy dresser, loud-mouthed, and attempts to win arguments, not by a display of logic, but by brute force and sheer lung-power which bowl over the opponent. Those who recognize these traits for the artificial mask that they are, say he is over-compensating for what he believes to be an inherent inferiority, and that his exaggerated personality represents a defense mechanism.

Mental Conflicts

Psychologists recognize the reverse of this to be also true and not infrequent. In general, the harboring of an emotion of excessive intensity is usually followed by an external and exaggerated tendency toward a reaction of an opposite kind. The melodramas of days gone by frequently portrayed the cruel grasping villain as a pious deacon in the church. In more recent times our understanding of this mechanism of compensation has furnished the key to understanding the conduct of many peculiar types of men and women. Personality studies have been made of certain fanatical "pacifists" and conscientious objectors during the War and afterwards.

In some of them it was conclusively demonstrated that their zeal for non-resistance represented an over-compensation (or a defense mechanism) to an unrecognized but nevertheless fiercely raging inner revolt against law, authority, or even morality. Such mental conflicts, says Myerson, rage in every human breast whether we are aware of them or not:

"Every human being is a pot boiling with desires, passions, lusts, wishes, purposes, ideas, and emotions, some of which he clearly recognizes and clearly admits, and some of which he does not clearly recognize and which he would deny. These desires, passions, purposes, etc., are not in harmony one with another: they are often irreconcilable, and one has to be smothered for the sake of the other. Thus a sex feeling that is not legitimate, an illicit forbidden love has to be conquered for the sake of the purpose to be religious or good, or the desire to be respected. So one may struggle against a hatred for a person whom one should love—a husband, a wife, an invalid parent, or child whose care is a burden—and one refuses to recognize that there is such a struggle. So one may seek to suppress jealously, envy of the nearest and dearest; soul-stirring, forbidden passions; secret revolt against morality and law which may (and often does) rage in the most puritanical breast.

"In the theory of the subconscious these undesired thoughts, feelings, passions, wishes, are repressed and pushed into the innermost recesses of the being, out of the light of the conscious personality, but, nevertheless, acting on the personality, distorting it, wearying it."

In general, then, we may say that as a mental mechanism motivating conduct and molding personality, compensation ranks high in importance. It is usually a useful and harmless procedure, but carried to excess is capable of a destructive effect on Society.

Generally speaking, it is used as an alternative activity for something we have not been able to attain, and because it is man's lot to seek satisfaction wherever he can find it, a compensatory activity is usually the next best thing to the unobtainable original.

CHAPTER V

INTELLIGENCE AND EMOTIONS

A GREAT deal of misunderstanding and misconception seems to surround these two utterly different subjects—intelligence and emotions—and often enough the two terms are used interchangeably. Generally speaking, the mental lives of all of us can be roughly divided into two groups of activities, with a number of subdivisions attached to each group. Group I consists of our intellectual activities. Group II consists of our emotional activities. Intelligence is altogether different from emotion. The ability to figure out how much is two and two or to remember the name of the President of the United States in 1890 is an example of intellectual activity. Intelligence varies in different persons and is capable of either growth or stunting. Emotions, on the other hand, are instincts having little to do with intellect and are seldom influenced by it. Crying over the news of the death of one's mother or jumping when a door slams are illustrations of emotional activity.

The Development of the Intellect

At birth every one possess an inherent ability to develop native intelligence, except in the case of those children whose brains during intrauterine life or within a few months after birth are physically either underdeveloped or faultily developed by reason of injury, infectious diseases, or poor heredity. When this happens they are called feeble-minded, and are later divided into one of three groups: (a) the moron, possessing a maximum mental age

and intelligence equal to that of a normal child of 12 years; (b) the imbecile, or next lowest grade, whose maximum mental development is 8 years; (c) lowest of all, the idiot, who is utterly helpless and incapable of aiding himself, even in some cases incapable of feeding or giving himself the most elementary care and attention. This latter type always, and many of the second or imbecile type often, require life-long institutional care.

Feeble-mindedness is, therefore, a defect of intellect. It means the same as "mental defective" and should not be used to describe any other condition. Feeble-mindedness does not refer to nervous breakdowns or other kinds of mental disease except where there is a defect of intelligence in addition.

New Conceptions Regarding the Feeble-Minded

It is only recently, that is to say within the past ten or fifteen years, that we have come to know very much about the group of the feeble-minded. Prior to that time we almost always thought of them as few in number, troublesome, a menace to society, and needing life-long institutional care. Gradually our conception of feeble-mindedness has changed. We have come to learn that, instead of being few in number, there are a vast number of them in every community. In certain States, where careful surveys have been made, as in Massachusetts, it has been definitely ascertained that from one and one-half to two and one-half per cent. of the school population of each community falls into the feeble-minded class. These, of course, comprise only the upper and higher types of the feeble-minded, for the idiot and the low-grade imbecile never reach the schools. To estimate the total number of feeble-minded in any State is a tremendously difficult task and is made more difficult by the popular feeling of stigma surrounding this

group. However, in Massachusetts, for example, Dr. Walter E. Fernald, a world-renowned authority on this subject, estimates after careful computation that there are at least 60,000 feeble-minded persons in this State. Of this number only 3,000 are under institutional care, which means that some 57,000 feeble-minded men, women, and children are in the community, most of whom are getting along very well as peaceful, industrious, and respectable citizens. It is only the exceptional feeble-minded boy or girl who gets into legal difficulties, actually less than ten per cent. of the total number. It is, therefore, unjust that the whole group should be stigmatized by the activities of a small division.

Contrary to popular opinion in some quarters, there is usually nothing about the physical appearance of the feeble-minded individual to differentiate him from any other person in the community. Of course, in some cases there are what are called physical stigmata, such as malformed flapping ears, malformation of the face and mouth, and so forth. Nevertheless, it is risky business to attempt to detect feeble-mindedness from physical appearance alone.

Salvaging the Feeble-Minded

No longer are mental defectives thought of in the same hopeless terms that they once were. It is now recognized that much can be done to convert them into loyal, industrious citizens capable of entire or at least partial self-support, altho nothing can ever be done to increase their stunted intellect. Their condition is due to a defect or an absence of certain required brain tissues, and brain tissues can not be regenerated. The general procedure for such a salvaging plan as worked out in a number of States, consists in recognizing the mental condition of the individual during his early school career, or even

before he gets to school. Many are given instruction in special classes in the public school while others are sent to an institution for a period of some three to five years, where they are given training in accordance with their capacity. This is done by first giving them all the book learning they may be capable of. When this point is reached [as it is, usually, very early], the training thereafter consists largely of teaching a simple trade and in using the hands properly. It is remarkable how well most of these children respond. Not only are they given industrial training, but they receive a high grade of moral training as well, which is to prove a bulwark to them when they are later returned to the community. The average feeble-minded boy or girl, if nothing else, is a creature of habit and is highly suggestible. If recognized and properly used, such attributes prove valuable mechanisms for instilling wholesome habits and good suggestions. During their institutional career, they are taught punctuality, a regard for others, and their morale is raised. A characteristic of most feeble-minded persons is a high degree of loyalty, and this last usually becomes a valuable lever in molding their future lives. Altho their intellects have not developed in proportion to their bodies, such children possess, nevertheless, feelings which are capable of being hurt and they are keenly sensitive to their own deficiencies. A failure on the part of family or friends to recognize this fact often results in some form of delinquency, which is really nothing more than a blind sort of protest on the part of these individuals against being placed in an environment and a situation which demands more of them than they are capable of giving. Thus a boy of 12 with a 6-year-old mind may be doing poorly in the fifth grade in school and may become delinquent as a result of the ensuing friction. Much of

this trouble can be smoothed out when it is explained to the family and teacher that, altho 12 years of age physically, his mental age is such that he can not be expected to do more than second or third grade work. Place him in the second or third grade and he usually gets along very well.

The Feeble-Minded and Industry

Since the advent of automatic machinery, requiring a minimum amount of intelligence, the industrial world has opened up many new opportunities for useful work by mental defectives. This has been true of certain types of jobs in automobile factories and textile concerns, where it has been found that for monotonous, repetitive machine operations that would drive a more highly strung man of normal or superior intellect distracted, these low-grade intellectual types with their unimaginative, content-with-the-present attitude make excellent workmen. As in any other phase of life, it is the feeble-minded employee in industry who is *misplaced* who causes trouble. Give him or her a job suitable to the stunted intellect, and they are reasonably certain to prove loyal and industrious workers.

Measuring Intelligence

A method has been devised by psychologists which will measure innate intelligence with an astonishing degree of accuracy. This method is called a psychometric or intelligence test, and the result is usually expressed in a term known as an "I. Q."

"I.Q." stand for the two words, Intelligence Quotient, or the percentage of mental age to the actual age. Mental age is determined by tests which the average child of different ages can pass. If John is eight years old physically and has a mental age of eight years, his I.Q. is 100; if his mental age is four,

his I.Q. is 50; if his mental age is ten, his I.Q. is 125. Mental age is the measure of the actual amount of mental proficiency. I.Q. is the relative brightness or dullness. A Judge possessed of sporting proclivities once remarked, on hearing a psychologist's explanation of the matter, "Oh, yes,—you mean Jim's I.Q. is his mental batting average." For those of sixteen years or over, the mental age is divided by sixteen, which was once supposed to be the average adult mental level before army figures showed it to be around fourteen years.

Of what value is an I.Q.? It is useful in classifying age-groups of children in schools and institutions. It gives a superficial idea of the child's general brightness or dullness, and enables one, by reference to the test results, to distinguish feeble-minded, normal, and superior children.

But its misuses are as important as its uses. An I.Q. does not tell the child's special abilities and disabilities, which must be known before intelligent training can be given him. And if injustice is to be avoided, the examiner must know how to evaluate the influence on the results of the test of handicaps, such as foreign language, shyness, special nervousness, physical ill health, lack of interest, and so forth.

Intelligence tests (some call them improperly, "mental" tests) are very useful additions to our study of the mind. Unfortunately, however, a certain number of psychologists who have not had medical training and who are not physicians have, in their enthusiasm, promised more for the use of intelligence tests than can possibly ever be accomplished. After all, an intelligence test (and there are 60 or more modifications of the original now in use), can do no more than measure innate intelligence. In this field it is a highly useful adjunct to the equipment of the psychiatrist; but an intelligence test alone can tell

nothing about the emotions, the personality, or the character make-up of the person tested. And psychiatrists who are interested in the whole problem of the human mind know that personality and emotions play a far more important rôle in our mental lives than does mere intelligence.

Many people believe implicity that their decisions and choices in life are reached after an exercise of cold, hard reasoning, which, they complacently flatter themselves, is an index to their intellectual ability. We are beginning to have a suspicion that perhaps this is not really so, and that in the last analysis our choices and decisions, be they simple or momentous, are chiefly made on an emotional basis. If this be true, and the writer is one who believes it is, then our intellects are chiefly called into use to defend and excuse our decision or choice after our emotional make-up has molded it.

Development of the Emotions

As in the case of intelligence, every one possesses at birth certain rudimentary instincts which are later to grow into emotions. Depending a great deal on our early environment and our parental training, these emotions may grow normally, may thrive too lustily, or may become retarded. Just where in our bodies emotions come from is not known, altho we are sure that the origin and stimulation of emotions is not confined to any one area of the brain or organ of the body, as is intelligence.

The stimulation and reaction of emotions is a highly complicated process about which scientists even yet know little. Emotions may be stimulated through the pathways of sight, of smell, of hearing, of touch, and of temperature. Involved in any emotional response are the activities of a number of ductless glands (glands of internal secretion) or

endocrines, like the thyroid, the suprarenals, and others. These in turn cause changes to be brought about in the chemical composition of the blood, in the elasticity of blood vessels, and cause many other complex physiologic activities. In certain persons these emotions are of stronger intensity or are more easily aroused than in others. Indeed, no two human beings ever lived or ever will live who would react in precisely the same way and with precisely the same degree of intensity to the same emotional experience.

Measuring Emotions

Altho it is, as we have said, possible to measure intelligence, so far no one has devised a method whereby we can hold up to the emotional equipment of a person to be tested the measuring stick of an emotional normal or standard. All we can do is to fix a very broad average of social conduct, and if any one departs too far from what we feel to be the limits of this average, we are constrained to put him in jail or in a hospital for the insane or call him "peculiar."

From an emotional point of view there is no sharp line of separation between the normal and the abnormal. The latter is merely the manifestation of a variety of conduct out of harmony with this vague average which Society has rather shakily erected. Even this average varies in certain communities. Thus, a cowboy in a Western town during the days of the Forty-niners might ride through the streets whooping and shooting into the air with scarcely a ripple of comment. His conduct was quite in keeping with the average for that environment. Let him perform identically the same feat on Broadway and the doors of the hospital for the insane would quickly open for him.

When emotions are habitually thwarted or short-circuited or diverted into unusual channels then we say the person is socially maladjusted, and we regard him as mentally sick. Some one has said, quite truly, that the real test of sanity is one's ability to get along in the community with the minimum of friction. Conversely, an accurate indication of mental pathology would be the habitual and excessive reverse of this.

Emotions, then, play a deeply complex part in our every-day activities; a far more important part than our intellects. Emotions resided in Man long eons before his intelligence came into being, and the measurement of emotions is apparently an impossible task, at least with our knowledge and equipment to-day.

CHAPTER VI

MENTAL UPSETS CAUSED BY WRONGLY USED EMOTIONS

ONCE we experience an emotion, something must be done with it. No emotion ever remains static and quiet, and it can not be annihilated. In general, what we do with an emotion is called a reaction.

A mad dog loose on the street arouses in us the emotion of fear. Primitive man, when he grew afraid, ran away; so our first reaction to the fear aroused by the dog is to run away from the cause of the fear.

Flights from Reality

Thus it becomes human nature or instinct to run away from whatever threatens our lives, our physical comfort, or our peace of mind. The arrant physical coward runs away and takes to his heels when danger threatens. In war-time a few, fortunately a very, very few, soldiers run away from the firing line and desert. They have yielded to a primitive instinct so strongly ingrained in them that the thin veneer of custom and ethics and morality and patriotism, which civilization imposes, has proved insufficient to prevent this powerful emotion and its natural reaction from breaking through. In every-day civilian life men and women also run away from unpleasant or disagreeable tasks and surroundings. When people get into what they believe is a thoroughly impossible or intolerable life situation, their first reaction is the natural and primitive one of flight, of removing

themselves from the source of irritation or danger. Thus, persons who have not acquired an averagely thick coating of social conformity and responsibility react in a very direct and elemental way; they place as great a distance between them and the cause of the intolerable situation as they possibly can. The weak and unstable husband who finds the burden of supporting a family unpleasant and an attack on his peace of mind, reacts to this emotion by flight, and he deserts.

The majority of persons, however, who react to an unpleasant or impossible situation by some form of flight, utilize methods which are not so direct and naive as this. This latter group tries to escape the threatened difficulty by running away mentally rather than physically, and the results of their efforts are of deep concern to psychiatrists.

For example, in mid-Victorian days it was considered one of the indispensable social graces to be able to faint or swoon away on being confronted with an unpleasant sight or situation. Fainting in such cases represented a mental flight from reality, and neurotic and poorly balanced persons still find it a useful mechanism on occasions. Withdrawals into a little make-believe world of one's own making and peopled with figures and situations of one's own fabrication represent another means of escaping cold reality. This process is called day-dreaming, and every one, but especially children, indulge in it to a greater or less degree. Used occasionally it is a harmless measure; indeed few of us could get along without recourse occasionally to such a make-believe realm. Carried to excess, however, and made use of constantly, day-dreaming with its withdrawal from the real world into a fanciful one is a highly dangerous mechanism. It tends to give the excessive day-dreamer a false and distorted view-point of

every-day matters, and makes him shy, seclusive, and retiring to a socially unacceptable degree.

Dementia præcox, a form of so-called insanity attacking adolescents between the ages of twelve to twenty-five years and considered incurable, is frequently predicted by an abnormal turning inward of the youth's thoughts and activities, and by an excessive forsaking of the real world (to which he has not been able to adjust himself by reason of his inherent personality defect) in favor of his realm of air-castles and fancies.

Children Who Do Not Face Reality Squarely

Psychiatrists recognize many other forms of dodging reality, altho they realize that no matter what the form and the symptoms, the process is always acquired during childhood. Children, consciously and deliberately, and probably naturally, seek to evade the disagreeable in life by all sorts of subterfuges. It is only when these tricks have persisted into adult years and become a fixed habit that their mechanisms are pushed down out of consciousness and their possessor becomes aware only of the results.

Thus parents should be on the alert to detect reality—avoiding habits in their incipiency and to nip them in the bud. They spring into being so insidiously and they flourish so lustily that it is only by the exercise of eternal vigilance that mental health can be preserved.

This is illustrated by a very real incident which occurred to an eight-year old schoolgirl.[1]

On a particular morning, half way to school, a certain little girl grew sick at her stomach and

[1] Author's note: This extract, as well as the following one on the control of emotions is reprinted in part by courtesy of *The Modern Priscilla*, in which magazine has appeared a series of articles on the mental-health training of children written by the author of this volume.

vomited. There was no make-believe about it. She had eaten some tainted food the night before that upset her. Now it so happened that had she continued on her way to school she would have been confronted with an examination in arithmetic for which she had not studied and which she surely would flunk. To give her due credit, however, no thought of this contingency entered her mind when the nausea came on, and she returned home, genuinely and physically sick.

Her mother, an excitable and apprehensive type, called the doctor, and after a few hours the little patient was made quite comfortable. As physical distress subsided, her situation grew increasingly pleasant. The anxiety and solicitude of the family were welcome and comforting. All in all, the experience was decidedly worth while, and the realization that, if only for a day or two, she had been the heroine around which the little domestic drama revolved was not soon to be forgotten.

Now it came to pass that some three months later she was again on her way to school when this horrible thought came to her: "Why, I've got another examination in arithmetic this morning and I haven't studied for it a bit. If I go on to school I'll have to take the examination and I'll never pass. If I go home, I haven't any good excuse and Mother will make me return. What shall I do?"

And then to solve this childish conflict there came to her out of a clear sky the comforting memory of her attack of real physical illness three months previously.

"Why, sure enough," she said to herself—because when these reality-dodging mechanisms first begin they are conscious and intentional; it is only after they become habitual that we push them down out of awareness. "Why, sure enough—if I were to

return home sick at my stomach again, Mother would accept my illness as a reasonable excuse for avoiding school; I couldn't be expected to take an arithmetic examination if I were sick, and I'd get out of the whole difficulty in an easy way."

And she did.

Now, all this happened quite a good many years ago, and that little girl is now a woman grown. A little while ago a friend died. The woman knew she ought to call on the bereaved family. But—her "nerves" couldn't stand shock and emotion. Day after day she hedged—played up headaches and "nerves"—and never went. She had trained herself in dodging issues. Her friends called her a procrastinator. She called herself a nervous invalid. Her doctor, who could never find any physical basis for her complaints, called her a neurasthenic—and something else.

The ability, or the willingness, to face reality squarely without compromise is of supreme importance in maintaining mental health. Children naturally seek excuses for evading disagreeable tasks. But when children carry over this mechanism into adult life and habitually and chronically avoid responsibility by denying its existence or by running away from it, then only too often do they find themselves enmeshed in a habit which leads to enrolment in the ranks of that ever-growing army of nervous invalids said to chronically "enjoy ill health."

One may, perhaps, run away from responsibility or from the vicissitudes of real life a few times without getting into trouble. Indeed, we all do it on occasions. But most of us, when the real pinch comes, are sufficiently courageous to look our difficulty squarely in the eye and then proceed to vanquish it as best we may. Others of us, chiefly because our parents failed to understand the dangers of

permitting us to acquire this unwholesome habit, invariably try to run away from responsibility. These persons—and their number is legion—attempt to side-step reality by taking recourse in vague, illy defined physical complants—headaches, eye-strain, backaches, excessive but mysterious fatigue, and a dozen other bodily symptoms for which the most searching medical examination reveals no physical cause. And when we do this a sufficient number of times, when our first thought on being confronted by an unpleasant task is to flee from it, we soon find ourselves in the same naive class with the mythical bird who buried his head in the sand and believed that he had escaped his enemies.

Parents can do much, if they will, to prevent such habits from winding their tentacles around the lives of their children. The recognition that even very young children acquire an almost uncanny shrewdness in avoiding the disagreeable in life will help. Thus two-year-old Johnny or Susie may have already learned that a stomachache turneth away wrath, or that staging a temper tantrum with shrieking voice, stamping feet, and clenched fists will quickly reduce Mother to frightened submission when it comes to getting candy, late hours, or other desired bits of forbidden pleasures. Breath-holding spells likewise rank high among juvenile weapons used to crumble an adamantine maternal front through arousing fear (tho never warranted) of suffocation. Vomiting, convulsive attacks, finicky, capricious appetites, and a thousand and one other ingenious devices are used by many children as a means to avoid doing something unpleasant or to secure something forbidden. Of course, we should never decide offhand that such physical manifestations are caused solely by mental mechanisms until the family doctor has ruled out all possibility of a physical cause.

The child who is permitted to become a ruthless domestic tyrant, whose every whim is gratified, and who discovers early in life that by summoning such a device as has been discussed he possesses a weapon feared by the rest of the family, is not being taught to face reality. He is almost certainly going to become the man who is poorly equipped to meet real life. And when the time comes, as it does come to all of us just as surely as death and taxes, when he is at last confronted with a life situation that he can not run away from and which requires an honest, aggressive attack to overcome, then he is headed straight for some form of "nervous breakdown," in which he seeks refuge and excuse for failure.

Teach your boys and girls for their own sakes to be brave; to face life, even in minor difficulties, as life really is and not as they would like to have it; teach them to present an active, forward attitude when the unpleasant threatens; to attack vigorously these troubles, rather than to submit passively or to run away; and finally, teach yourself to recognize the dangers involved in the acquirement of these insidious habits that cripple and maim and stunt the mental health of our future citizens.

If a majority of parents will do this to-day, the number of "nervous breakdowns' and kindred evidences of inadequacy will, in the next generation, become far less.

Suggestion for Controlling the Emotions

How can we learn to guide and control our emotions?

This question is of especial importance to parents, for, like all other lessons in our mental lives, this one must be taught during childhood.

"Go see what Baby is doing and tell him to stop,"

commanded a nervous, distracted mother to an older child.

How familiar this admonition sounds to many youngsters. And how quick they are to imitate parental attitudes and mannerisms. The mother who invariably screams at sight of a mouse later wonders why little Tommy or Betty is so nervous, and the parent who grows pale and threatens to faint because of a cut finger is often indignant if one of the children "makes a baby of himself" over some other trivial injury.

Like so many other processes in childhood, emotions are largely the product of imitation and environment and are not fixed or predetermined on a fatalistic basis, as some people would have us believe. Emotions in us all, but especially in children, vary in kind and particularly in intensity. And behind every single activity in which we indulge, emotions and instincts are almost always the real driving forces, and not intelligence. It's an old saying but a true one that one's emotions either rule him or he rules them, and thousands of men and women go through life mentally handicapped because they were never taught emotional control during childhood.

In teaching children to control their emotions the first rule (it might well be the last one, too) is to set them an example of calmness yourself. If you wanted a child to learn to speak good English you would place him under the care of some one whose grammar was correct rather than under the guidance of a gesticulating foreigner whose broken English was both dubious and scanty. So, in inculcating a proper emotional control, the teacher must not be given to irrational excitement and bursts of hysterical irritability herself. Every one knows how quickly certain emotions and attitudes transfer themselves to others.

Emotional excitement is contagious like smallpox, and history is replete with instances where whole mobs have become infected by a frenzy of emotionalism aroused by one person. Revival meetings of the sensational type are excellent illustrations of this. So are lynchings and Bolshevik mass meetings and stampedes in theaters when fire is suspected. On the other hand, there are recorded many instances where incipient panic and mob spirit is controlled by the example of one dominating person keeping cool and showing by his lack of excitement how foolish the fuss all is. So if our children are to be taught emotional control, we ourselves must set them an example in calmness and restraint. The perpetually scolding, nagging, excitable mother can scarcely expect her offspring to do other than imitate her. Commanding children to be calm and quiet is not enough. We must show them how to act.

On the other hand one can urge an unnatural, even a phlegmatic stolidity. The best course to follow is a middle one. Every child needs some natural outlet for his emotions, and if we fail to provide a desirable way he may himself devise an undesirable one. By this is not meant the adoption of a policy of absolute determinism, letting Tommy or Betty unrestrainedly do what they want. Some discipline is quite necessary, but it should be an intelligent, helpful one. Too much suppression or squelching of emotional activity is as bad as too little.

Another rule for teaching emotional control is to avoid placing the child in a situation where he will be under severe emotional stress. Taking him to funerals, visiting hospitals, talking in his presence of murders or burglars or reading morbid and gruesome stories to him fatigues his emotional system just as an excessive amount of exercise tires him physically. More than one adult nervous breakdown had its

seeds of genesis sown by a parent who continually exposed him during childhood to serious emotional shocks.

It is also well to remember that children, exactly like their elders, have their threshold of resistance to emotional irritability lowered by physical fatigue. The child who is all tired out, either by too much play or by staying up too late, is apt to be cross and irritable. Under such circumstances it is nothing less than stupid cruelty to punish. Instead the child should be told his querulousness must be due to being over-tired and he must go to bed to become rested.

One of the most trying situations in childhood, "when a feller needs a friend," is to be an "only" child. The cards are stacked against such a youngster from the start, and it is the unusual "only" child who escapes becoming pampered. He has little opportunity to develop a normal emotional control, because the family universe fairly revolves around him, and by a sort of parental conspiracy he is allowed to become a domestic tyrant. As a rule it is a good thing to send an only child to school at an early age and to provide him with an environment well-stocked with assorted playmates not too refined. He, most of all, needs the companionship of other children and to be required to meet the real tests of life.

Another danger menacing an only child is the development of an unusually strong attachment to one or both parents. Thus he fails to learn a sturdy independence and leans too much on others. As a result he may become quite crippled in adult life so far as making his own way in the world is concerned, and if his parents die, then he finds himself a sort of adult orphan, rudderless, bewildered, and quite unfitted for self-support. This type of person is found in considerable numbers among men and

women who never marry. They have never been able to throw off their yoke of absolute parental dependence.

Children who show an inclination to excessive dependence on either parent should be kept busy, given special responsibility, and urged to make their own decisions, standing or falling by the result. Coddling and encouraging a "run to Mother" attitude should be sternly suppressed.

Finally, in teaching children to control their emotions, regard them as equals. Remember they have their little hopes and fears and doubts and ambitions just as you do, and to them these are equally important. Don't expect too much from them. A child normally is an active little animal, full of curiosity of what Kipling calls the "satiable" kind which should be encouraged and respected. In his early years he is guided more by primitive instinct than by intellect, and every day he is having to adapt himself to a strange world made chiefly for adults and containing scores of taboos and barriers and forbidden things that quite appal him. As his emotions become crystallized and more complex he is going to need pretty badly an example to follow, a model after which he can construct his own ideal of conduct. Take heed, then, if you are his parent and have his welfare genuinely at heart, to show him as good an example of emotional control as you do a moral one.

CHAPTER VII

NERVOUSNESS

What Is Nervousness?

NERVOUSNESS is the great scrap-basket of the doctor. It has such a multitude of meanings and interpretations that a word or two is necessary to clarify partly what we mean by the word "nervousness."

First of all "nervousness," "nerves," "nervous breakdowns," etc., have nothing whatever to do with the nerves of the body. These latter are anatomical entities of a purely organic nature. They are the pathways for motion and sensation just as wires are pathways for electrical energy. "Nervousness" is a condition affecting not only our physical organs but our thoughts and our conduct as well.

Secondly, "nervousness" is not a disease at all. It is a disorder of function and does not affect the brain. Where "nervousness" exists there is no defect or break in any part of the human engine. Rather is there present a mismanagement of the engine. It is like a balky auto, made so, not by something wrong with the motor but by the erratic, faulty way in which the driver controls it.

Thirdly, "nervousness" comes about usually because the individual, from a personality point of view, is maladjusted or out of harmony with a part of his environment.

To be sure, "nervousness" may be, and frequently is, aggravated by some physical derangement, but seldom, if ever, is it caused primarily by such. The medical name for nervousness is "psychoneurosis"

and in general this vast symptom group is split up into three major divisions: (1) Neurasthenia, (2) psychasthenia, and (3) hysteria.

The symptoms of nervousness are literally without end, and they simulate every disease to which human flesh is heir. One symptom, common to all, however, is early fatigue, both mental and physical. Another is irritability and oversensitiveness. "Nervous" persons are always blazing forth into anger over trivial matters of no importance, or they burst into easy tears on the slightest provocation. In other words, their maladjustment (or "nervousness") produces a lowering of their threshold of resistance to petty irritations and annoyances. Furthermore, being oversensitive, they habitually misinterpret and misconstrue the speech and actions of others and are inclined to complain perpetually of lack of sympathy, attention, or affection.

In addition to such purely mental symptoms as these, the neurasthenic is the possessor of a host of physical complaints for which the most thorough and competent physical examination reveals no physical cause. This is quite understandable, however, when we learn that the cause of such physical symptoms, be they headache, eye-strain, backache, or any one of a thousand others, is not a physical cause but a mental one. The trouble is that the individual usually has a perfectly normal body which has been grossly mismanaged. The controlling apparatus has gotten out of kilter, and the driver, not the engine, is at fault.

In psychasthenia, the second type of psychoneurosis or "nervousness," the symptoms are more mental than physical. The patient finds himself beset with a variety of queer obsessions and compulsions. Perhaps he must count the telegraph poles along the road. Possibly he has a compulsion that makes him

regularly get up three times each night to make sure he has locked the windows; again, it may be necessary for him perpetually to wash his hands an excessive number of times. Often in psychasthenia the patient is a victim of doubt and hesitancy. To put on the right shoe first or the left one is a decision often taking much time to reach. Then fears are also predominant. Some patients of this kind have an unreasonable (so it seems to the family) but nevertheless acute and dreadful fear of being in crowds or closed places. Thus, they literally can not ride on subway trains, or go to football games or to the theater. There are also fears of open spaces, fears of dirt, fears of all sorts of things that the healthy person never dreams of, and whose power to render wretched, if not to disable the victim, he can not possibly comprehend.

The precise cause of psychasthenia is in doubt, altho generally it, too, has its roots embedded in a faulty and unhealthy life situation rather than in any particular physical disability. Specifically, the cause of this type of "nervousness" seems to some medical experts fairly well on the way towards solution by means of understanding the complexities of psychoanalysis or the discoveries of Freud.

Hysteria, the third of the psychoneuroses, finds expression more in queer and bizarre physical activities than in mental ones. First of all, the hysterical person is always emotionally unstable, and altho, perhaps, an adult in years, still clings with a desperate tenacity to many of his infantile habits of thinking and acting. Essentially, one of hysteric temperament is still a child, emotionally speaking, and has retained all of the child's simple and direct desire for attention and sympathy. While the desire to attract attention, to occupy the limelight, and to assert to the world in some way the fact of our

existence is a fundamental instinct in us all, by the time we have reached maturity most of us have masked this desire, which others call egotism, and have cloaked such attention-focusing activities in plausible and less naive ways. Not so, however, with one of hysteric temperament. He or she expresses undiluted this desire, and because they are not legitimately entitled to an excess of notoriety or attention, seek to secure it in as spectacular a manner as possible. Usually the hysteric is a drab, colorless, weak-willed personality, fluctuating in purpose, and shallow and artificial in emotional tone. Thus, with them, more than with a normal individual, does necessity arise for somehow protesting against being passed over by the world, a form of neglect none of us will passively submit to.

So the hysteric is ever on the alert to call attention to himself or to gain unwarranted sympathy by any means, the more spectacular and dramatic the better. This is done through fantastic and queer "fits" or convulsions; through strange paralyses of an arm or a leg; through blindness or deafness or loss of speech, and through mysterious spells of catalepsy or sleep-walking or somnambulism. But like the neurasthenic with his multitude of physical complaints, none of these bizarre paralyses or fits or blindness are caused by any injury to the physical part of the body. It is difficult for family and friends to understand this, and, despite honest medical explanations, many persons still believe implicitly in physical situations as the causative factors. Of course, no doctor treating a case of this kind ever makes a diagnosis of hysterical paralysis or blindness without first making very thorough physical examination.

Thus the patient with any form of hysterical disability is what we call an unintentioned malingerer.

Their symptoms are real, but the cause is physically fictitious. It must not be thought that they malinger in this way purposely or consciously, however. Many of them are constitutional inferiors, frequently with a low cultural background and honestly unaware of the real motivating force behind their crude symptoms. These seem to spring for the most part from the fore-conscious, or that realm lying between awareness and the unconscious. Thus, while capable of some control over their grotesque activities, they should not be held entirely responsible nor too severely blamed.

This abnormal passion for notoriety and sympathy which produces the symptoms is also gratified by the curative process. Such persons will go through unbelievable and almost unendurable pain and discomfort to further their ends, and the mechanism of cure is sure to be as spectacular as the symptoms. Thus, one can scarcely pick up a daily paper without reading of some marvelous "cure" of a cripple, or a blind person, or a paralytic. Strangely enough, such "cures," which are immediate and complete, in startling contrast to the gradual and partial ones in genuine cases, are very often attained in the presence of an audience and in a highly charged emotional atmosphere. The "miracle cures" at certain famous shrines or at revival meetings, the cures which marvelously come about under the influence of a patent medicine advertisement with the promise of one's picture in the papers, the deafness which was instantly remedied "when something snapped" in the patient's head, the paralysis of a leg which yielded miraculously to the positive personality of the medically-ignorant chiropractor: many of these—far more than any one but a physician suspects—were nothing more than elaborately staged little dramas to attract fleeting attention and sympathy to an

unstable, infantile, and shallow personality. Associated with such manifestations also go a rather more than average amount of superstition, credulity, and crude ignorance, altho innate intelligence is usually normal in amount.

In removing symptoms of this kind the first imperative requisite is to isolate the patient, even from his family if possible, because it is probable that his family is just the group he is trying most to impress. Lack of an audience is an absolute preventive to an hysterical attack of any kind, for it is no fun to make oneself acutely uncomfortable if there is no one near to impress. Next let the patient be made aware that his childlike device is thoroughly understood by others and will be discounted in advance of the attack. Thirdly, attempt the far more difficult task (it will prove impossible in many cases) of getting the patient to develop whatever special abilities he possesses so that he can gain rightful attention through a legitimate display of genuine talent, and not be compelled to resort to fictitious ones.

Preventing Nervousness

As in any other branch of preventive medicine, mental hygiene insists that the prevention of nervousness begin during infancy. The problem, then, is largely one of educating parents. Since nervousness is not inherited as such, since children copy the mannerisms of those about them, and since by tradition nervous, excitable parents expect, and so make, nervous children, it is obvious that the lesson of mental health, like charity, must begin at home.

Specifically, parents can do much to prevent nervousness in their children by learning and applying a few of the common-sense principles of mental hygiene. Some of these are mentioned in Chapter VI.

Consult the psychiatrist freely. He is your ad-

visor on this prophylactic problem and should be thought of first, rather than last, when danger threatens. To-day a majority of the intelligent public have learned to visit regularly the dentist twice a year for the purpose of keeping their teeth healthy. They do not wait until cavities form or pyorrhea develops, but through a simple program of prevention avoid these end results.

The same attitude, fortunately, is beginning to be true with regard to nervous and mental maladjustments. People are beginning to think of the psychiatrist as a physician more interested in preventing than in curing. And as the cruel and unjust stigma surrounding maladies of the mind is increasingly dispelled, more and more of our thinking citizens are utilizing the services of this specialist to help them retain what most of them already possess—good mental health.

For adults, a rigid and literal adherence to the "facing reality" policy will go far in preventing nervousness. Likewise since much nervousness is but the outward expression of a mental conflict, the wholesome solving of such conflicts is necessary. To solve any mental conflict in a healthy way usually requires the crystallization of a philosophy of life which permits one to settle the conflict either by frank attainment of the forbidden or inharmonious desire, or by its complete renunciation. Compromise between these two is often fatal, and because the compromise is usually a makeshift one, we soon find residual fragments of the conflict cropping up to vex and distress us.

The Cure of Nervousness

Cure is a far more difficult task than prevention. In a well-developed adult case we find ourselves compelled to deal with a firmly fixed habit of ner-

vousness, and adult habits are notoriously difficult, if not impossible, to overcome. In the chronic nervous invalid the symptoms and complaints have for years served the patient well and faithfully as a shield against the harshness of real life. In fact that is why they were originally acquired. Thus, the man or woman with a "weak" stomach, or with "nervous indigestion" (altho medically, "there ain't no such animal") complains of pain and inability to digest food, whereas the real reason for the discomfort is a life-long unwillingness to digest disagreeable situations and experiences.

These persons drift from doctor to doctor and from hospital to clinic in a ceaseless search for health. They are the sole support of the patent medicine quacks and other fakirs. They become zealous adherents of bizarre cults founded by, of, and for such neurotic groups, only to drift away again shortly in some other aimless direction.

Any genuine attempt, however, really to remove the symptoms which have been their mental crutch, meets with a sturdy and determined, if concealed, resistance. Thus the patients will indignantly deny, most of them sincerely, and in almost all cases the family will join in the chorus of denial. They deny sincerely that they are resisting help, because, as we have explained before, the real mechanisms causing the symptoms were long ago pushed down out of consciousness and the patient now honestly, if a bit credulously, believes himself to be a sufferer from whatever physical disorder the physical symptoms suggest.

The family usually join in such denials, because chronic nervous invalids never exist in families where flights from reality are discouraged and where unwarranted pampering and coddling are frowned upon. Thus we find in actual practise that many

nervous invalids are encouraged, under the guise of affection and solicitude, by one or more members of the family, to persist in their complaints and to continue to look for special favors, special foods, special attentions as rightful prerogatives of their illness.

The cure, then, of such patients is actually found to include attention to a portion of the family as well. Frequently the psychiatrist finds that no headway is possible until he can remove the patient from the harmful home environment which continually serves to aggravate (and not infrequently to cause) the neurotic condition. Over-solicitous, over-worrying, over-apprehensive relatives, especially mothers, are the greatest obstacles to cure that one encounters. In fact, the mother of this type who has all during the childhood and adolescence of the patient worried, fussed, and fretted against the vaguest of threatened dangers, who has beset the tiny paths of her children with shadowy monsters that somehow never seem to materialize, is the type of parent who not only aggravates and encourages her adult child in his neurotic symptoms, but who, by habitual resort to excessive protective devices, has failed to provide him with the necessary stamina and independence to confront real issues, and thus actually causes his invalidism as well as aids it. These are the mothers who shelter, who shield and protect their children from every useful contact with the world, and whose horrified scolding is the only reward for childish healthy investigation and normal curiosity. Such mothers are always doing for the child what the child should learn to do for itself, thus stifling independent activity and sturdy initiative. Because these children accordingly are not permitted to come into contact with the facts of real life, years later when their more healthy-minded companions have

already made a place in the world and have worked out their own adjustment, they find themselves hopelessly fettered with the silken bonds of mother-dependency, unable to think or act for themselves, and occupying a place well to the fore of that neurotic legion made up of life's inefficients.

Mothers of this particular type are a serious menace to the future mental health of their children. From this type springs a, fortunately, small but wholly vicious group, who for want of a more scientific name merits the designation of "vampire" mothers.

They are the women, usually with a thwarted life of their own behind them, who live over again their own baffled youth in the lives of their children. Like the vampire, they literally devour the lives of their sons and daughters (usually the latter, for sons are expected to break early the home bondage) and in the name of "mother-love," which to them is a synonym for colossal selfishness, suck the very soul from their offspring. In appearance such mothers give little hint of their cannibalistic traits. They are usually gentle-looking, frail old ladies, quite respectable, and attended by a faded daughter of elderly years whose devotion and solicitude prove a beautiful and touching spectacle to those who like to watch martyrs. This daughter, of course, has never married, and has resolutely put romance behind her, because she couldn't leave mother: the very thought of separation, mother tremulously declares, would surely break her heart. Such a mother-conception as this will prove disagreeable to many; indeed most men won't believe it and few women will admit it. Nevertheless every psychiatrist sees frequent examples of it and is later called upon to treat these daughters for a multitude of neurotic

complaints arising solely out of a life of repression and thwarted natural desires.

Cure, then, of any form of nervousness, comes down first to discovering the underlying cause of the trouble. And because the particular underlying cause in any one case is wholly different from the underlying cause in any other case, no blanket set of specific rules can be offered in the way of treatment. For the most part, cure of this condition demands the services of one with medical training who, in addition, is specially skilled in the treatment of nervous and mental disorders. The patient and his family are too near the scene of the difficulty to get an undistorted perspective; they "can't see the forest because of the trees," and the calm unprejudiced psychiatrist is needed to furnish new vision.

In general, the psychiatrist finds it necessary to probe into the life, the very soul of the patient, and discover, as Myerson says, the "mental causes, the dissatisfactions, the revolts, the disgusts, the forbidden desires, and the dissociations and conflicts that are back of the superficial symptoms. His task in these cases is also to discover the physical factors which may have partially caused or aggravated the condition: bad habits of eating, of sleeping, bad habits of work and play, bad organic habits, such as care of the bowels. He must take whatever steps seem necessary to correct symptoms (not causes) like loss of appetite and disturbed sleep, and he must prescribe medicines, fresh air, massage, and exercise, according to the physical condition.

"Lastly, he must do more than these things. The psychiatrist must teach control of emotions, and inculcate new purposes and new ambitions or restore old ones, if these have disappeared. His is a task formerly relegated to priest or pastor, to teacher and philosopher. He must be all of these things when

he attempts to cure the neurotic, and from his ability to probe successfully into the dark and fiercely guarded corners of the human mind, from his capacity to understand human nature, will come the ability to deal successfully with these patients."

False Counselors

No discussion of the treatment of nervous disorders would be complete without posting a danger signal or two regarding self-help and the services of incompetent advisors.

Because neurotic disturbances seem rather more vague and intangible than physical ones, certain untrained persons feel that they offer a promising field for exploitation. Since the War, especially with its aftermath of superstition and credulity, many attempts have been made to capitalize public interest in such matters through all sorts of bizarre devices. These have ranged from cults and individuals who would deny the existence of nervous disorders (as well as physical ones), down to a miscellaneous aggregation of healers—New Thought exponents, physical culture zealots, character-developing institutes, and applied psychologists.

No matter how fantastic or queer may be the theories advanced by these persons, they share one quality in common: an abysmal ignorance of even the simplest medical facts involved. Almost without exception their exponents are without medical training or background, and often do irreparable damage in undertaking the treatment of cases in which there is a physical condition involved, and which grows on undetected.

Misconceptions of Psychoanalysis

Perhaps the public is exposed to no more dangerous form of charlatanism than the present vogue of the

self-styled and incompetent psychoanalyst. There is a genuine psychoanalysis which has proved of real and great help to the psychiatrist in certain cases and which represents a valuable addition to his weapons of attack on the mental-disease enemy. But as with most other helpful scientific discoveries a host of ignorant and untrained imitators have seized the opportunity to arrogate to their own commercial uses the legitimate public interest in this subject.

One of the fairest and most comprehensive summings-up of what legitimate psychoanalysis really is has been made by Dr. Martin W. Peck of Boston, who states:

"The term psychoanalysis has two distinct meanings. First, it is used to denote a special school of psychology; and second, it is applied to a form of psychic treatment for some nervous disorders.

"As a school of psychology its theories differ radically from previous ones. It holds that most of mental activity is unconscious. It contends that psychological phenomena, among which are many nervous symptoms, are not accidental but the result of a definite chain of psychological causes, often extending far back into childhood. Many of the links of this causal chain are in the unconscious, and the individual is aware only of the effects. In order to understand these effects the buried links of the chain must be brought to light. The technique of psychoanalytical treatment has been developed for such purpose. It opens the door for a new knowledge of the unconscious mind.

"The psychoanalytical [or Freudian] school emphasizes the importance of the love life of the individual from earliest childhood to old age. It sees in this sphere the main sources of satisfaction and happiness as well as the greatest possibilities for dis-

content, failure, and nervous illness. The elements concerned in the love life are infinitely complex. They include at one extreme the primitive animal instincts, at the other the highest cultural developments. A degree of harmony, developed from all this diverse material, is necessary for mental health. When such harmony is absent, self-knowledge is a first step toward establishing it. The aim of psychoanalytical treatment in nervous disorders is to increase self-knowledge. In so doing is made possible conscious control of some of the conflicting factors and unsolved problems which were causing the symptoms, and of which the sufferer was previously unaware."

Dangers from Self-Help

Self-help, as well as the assistance of incompetent advisors, is often fraught with dangers when it comes to correcting nervous or mental disorders. As we have explained previously, the real and underlying cause of the difficulty is usually buried so deep in the patient's subconscious mind that he is honestly unaware of the genuine cause, and accordingly sees only the outward symptoms. Thus, without the help of trained advice at least to discover for him the real cause, he can not legitimately hope to conquer the trouble. Treating symptoms at best is but a palliative measure, while at worst it allows the causative mental conflict to rage unchecked. Modern medical treatment of any branch insists that treatment commence at the source of the difficulty, and that symptoms alone are to be considered merely as guide posts or danger signals pointing to the heart of the trouble somewhere else. Psychiatry is no exception to this rule, and because a neurotic patient may constantly complain of "indigestion," headache, eye-strain, or any other physical symptom it is not at all a reason for paying attention solely to stomach, eyes, or heart.

There is another angle to the dangers of self-help, or in fact help of any kind except the competent medical variety. "Indigestion," headache, eye-strain, and other physical complaints frequently occur in persons who are not at all neurotic, and represent nature's danger signals for a very real physical derangement, having no connection with mental causes whatever. So then, if the patient in such cases happens to be superficially and casually familiar with the nature and cause of nervousness, he may decide by himself and unaided, that his trouble arises from a mental source and is amenable to psychotherapy of a self-administered variety. Valuable time is thus lost in beginning medical treatment of the undetected physical condition, and not infrequently by the time the patient has ceased experimenting with himself he has reached a stage when medical cure is difficult if not impossible.

Self-help is a delusion and a snare. Consult a competent psychiatrist who will first of all see that you have a thorough physical examination, and who will next work with you to discover the real cause of your symptoms. Once he points this out to you (and remember, seldom if ever can you discover this cause unaided), he will suggest ways in which you yourself can remedy the situation. Self-help from this point on is quite all right and indeed necessary, but to resort to it before you really know with what you are dealing is a highly dangerous and unsatisfactory procedure.

CHAPTER VIII

CRIME, DELINQUENCY, AND DEPENDENCY

CRIME, delinquency, and dependency, the great triad of antisocial evils, have only in recent years begun to be connected in the minds of the public with the subject of psychiatry. Crime and delinquency have from time immemorial been thought of wholly as moral issues, and the idea that an antisocial act might be motivated from any other source than a "bad" one was heretical.

As our scientific knowledge of the human mind with all its quirks and twists and bents grew apace, we began to recognize that, in some cases at least, what we formerly thought were moral problems were in reality pathologic mental ones. It took many centuries for medical science to acquire this knowledge, and at the present time we are but at the beginning of a new era in our conceptions of delinquency and crime.

Old and New Concepts

In this particular field medical science has far outstripped other professions. The Church and the custodians of our moral health are still prone to regard habitual departures from rectitude as purely moral deviations to be ascribed to the forces of evil. The Law in its conception of the criminal is particularly backward. Especially antiquated and harmful in medico-legal affairs is the jury system. The illogical practise of solving purely medical questions by the decision of a jury of laymen can not possibly be successfully defended. This was excellently

illustrated quite recently in Philadelphia where a complex question dealing with the mental condition of a notorious psychopath was given to a bewildered lay jury who did not and could not know in the least what it was all about. The same absurdity recently arose in Chicago in connection with the trial of two young self-confessed murderers.

Despite all obstacles, however, much has of late been learned about the delinquent. As in other fields of medicine where we formerly were content merely to ask "What is he?"—the psychiatrist with a special bent for unraveling the tangled skein of delinquency now asks "*Why* is the criminal?" and his questioning has resulted in discarding a number of fallacious theories. For example, at one time many people thought of crime as a disease and, hence, of all criminals as necessarily diseased persons. Many people, but especially lawyers, still think of responsibility for misconduct as hinging on a sharply demarcated line between what they call sanity and insanity. And not a few credulous citizens continue to regard the habitual offender in the light wholly of a moral deviate.

Many Chronic Offenders Abnormal

Psychiatry has taught us how false some of these conceptions are. While we know to-day that many criminals are distinctly not mentally diseased persons, we also know that more than half of all repeaters or chronic offenders are. We know that there is a definite relationship in more than 50 per cent. of cases of recidivism (repeating) between the anti-social act and feeble-mindedness or other mental disease of the repeater. This has been frequently shown by competent surveys in several States, Massachusetts and New York in particular. In New York State, for example, it was shown that of all

the prisoners in thirty-four county jails in that State (some 1,288 of them) 74 per cent. were mentally abnormal, while only 26 per cent. were mentally sound. This examination was made by fifteen trained psychiatrists working independently under the direction of the National Committee for Mental Hygiene. In Massachusetts, similar figures were found among the repeaters or those serving their second or more sentence. More than half of all the prisoners in Massachusetts county jails and houses of correction in 1922 had served an average of 5.2 former sentences.

Aside from the stupid economic wastage shown by these figures, the mental-health aspect is appalling. Time and again psychiatric (mental) surveys of jail inmates have revealed a percentage steadily above half of the prisoners suffering from one form or another of mental impairment. Sometimes it is frank insanity, often it is feeble-mindedness, and not infrequently it is that twilight or border-line condition called constitutional psychopathic inferiority—a formidable sounding term, denoting all too often not legal insanity, but life-long and incurable mental disorder from the physician's point of view.

Whatever the variety, the inescapable fact remains that from 50 to 68 per cent. of the prisoners in our county jails and houses of correction are in some degree mentally afflicted, and that in many instances the antisocial conduct which brought them to legal grief was but an expression of their mental disability.

The remedy does not lie, as some of our maudlin sentimentalists would have us believe, in turning loose this diseased group on the community. Nor will solution be found in a continuance of present methods; viz., administering regularly 30 to 60-day sentences from three to seven times each year.

Rather does hope seem brightest in adopting some measures that will insure early discovery of these persons, preferably before trial, but surely after conviction, and their subsequent classification and treatment according to the needs of each. Here again is an opportunity for much misunderstanding. Mental examination and classification of these prisoners does not mean that they escape institutional control. Instead, under such a system, the frankly insane would be removed to an institution for the criminal insane; the feeble-minded would be transferred to an appropriate place where the degree of their defect could be ascertained and treatment prescribed that might be helpful in restoring the prisoner, still under institutional guidance if necessary, to some degree of economic and social efficiency. The defective delinquent colony would receive certain other types; and some benefit, at least, would accrue to all concerned.

Juvenile Delinquency

Delinquency, a term usually associated with children who commit antisocial acts, offers a most promising field for study from the preventive point of view. The juvenile delinquent, if permitted to continue his conduct unchecked, often becomes the adult criminal. As in the formation of cases of adult nervousness where simple personality defects and unwholesome habits during childhood serve as warning danger signals, so does delinquency act as a red lantern pointing to pitfalls later if nothing is done about it.

Thanks to our new conceptions of the juvenile offender, we are seeing and treating him in a more practical light. Mental hygiene has evolved the key to the situation in the following words: "Children who habitually lie or steal or run away or become

immoral may need, not so much punishment to restore them to paths of rectitude, as to be understood."

To *understand* sums up our whole attitude towards these children. Somewhere there is a reason if only we can uncover it; and once disclosed, the reason furnishes us a lever with which we can uproot the difficulty in a majority of cases.

Ten or twenty years ago the only explanation for such conduct in young people was found in the word "bad." In a vague sort of way we felt such antisocial traits were manifestations of deviltry or sheer cussedness. And if the culprit kept to his wicked ways we bundled him or her off to the reform school where we had a hazy idea that some sort of official magic would be invoked to restore them to respectability.

Recent investigations, however, tend to prove that like childhood nervousness and temper tantrums, juvenile delinquency is more often acquired than inherited. If one excepts the feeble-minded child, who is delinquent because his stunted intellect will not permit him to profit by experience, most other cases of antisocial behavior seem to occur in intellectually normal or even superior children.

After all, taking what one wants or what strikes one as desirable is a perfectly natural acquisitiveness in young children. It represents a surviving fragment of a powerful and primitive instinct, and its suppression—never its complete annihilation—is due to a thin veneer of ethics and custom imposed by Society in self-defense. Biologically, these suppressing qualities developed millions of years later than did the simple, natural instinct to take, which characterized primitive man.

It is not so very strange, then, if certain children fail to acquire in tender years a sufficiently thick

veneer of custom to prevent the breaking through of this primitive habit.

In otherwise normal children, petty pilfering, lying, truancy, and other undesirable habits often are used as a sort of compensation for failure to gain in life what they want. For example, a girl of eight began to take pennies from her mother's purse and to lie when accused. She admitted that she had no special need for the money, but did it to regain for herself some of the parental attention and solicitude transferred to a new baby brother. Failing to secure this notice legitimately, she determined somehow to focus attention on herself even if she had to become "bad" to do it.

A rather colorless, neutral little chap of eleven made scarcely a ripple among his schoolmates. Backward, shy, and puny in strength, the other boys paid no attention whatever to him. At home, the family, being absorbed in the social career of big sister Grace, barely remembered his existence.

Determined at all costs to bask in some of the hero-worship accorded the leader of the crowd, Tommy quickly learned he was unable to accomplish this through physical prowess alone. Thwarted thus, he turned his attention inward. The newspapers just then were full of the exploits of a young auto bandit who long had eluded capture. Finally caught, he boasted of his spectacular career, and among juvenile circles of the city was held in great awe and admiration. This furnished Tommy a clue, and when, a few days later, he abstracted a roll of bills totaling $33.00 from his father's trousers, he invited the whole neighborhood to a treat on him. He had taken few pains to cover his tracks and was promptly discovered. Tearful, but only half repentant, he admitted to the doctor at the clinic where his scandalized parents took him to determine if "his brain

was wrong," that the disgrace was worth it. For the first time in his drab little life the rest of the crowd looked up to him and he eclipsed, for the moment, the importance even of the leader.

Some children become delinquent because their environment has grown intolerable to them, and escape, mental or physical, is necessary. This is often found as a reason for heretofore unexplained cases of truancy or running away from home.

A boy of twelve, Bill by name, was underweight and frail. He became a chronic truant both from school and home. Haled at last before a juvenile court, the probation officer told the Judge that Bill had a "good" home and no excuse for running away. Bill did have a "good" home so far as cleanliness went, a comfortable bed, and three square meals a day. But its "goodness" stopped there. Bill's father was a chronic alcoholic, and his mother a confirmed nervous invalid. A brother, two years younger, was obviously the apple of his mother's eye. Strong, pugnacious, quarrelsome, he lorded it over Bill, even tho the latter was somewhat older. Efforts on Bill's part to retaliate by hitting back met with disaster, for his younger brother was physically the more powerful. Furthermore his mother invariably took the latter's part and denounced Bill for attempting to strike his "little" brother. On two such occasions she invoked the father's aid, and on her accusation he beat Bill rather severely.

But Bill from the stupid, legal point of view had a "good" home, and no one could conceive why he wanted to run away from it. So the Judge sent him to a reform school, telling Bill "may be that will teach you to appreciate a good home."

Delinquency among children isn't all due to bad heredity. And if we want to stem some of the rising stream of criminal careers, we must stop

merely labeling such offenders as "bad." Instead we must begin to ask ourselves why they are bad and to make some attempt at understanding them, rather than to go on stupidly punishing.

Dependency and Poverty

In these two social evils the modern psychiatric approach again finds itself handicapped by archaic and repudiated theories which nevertheless cling with desperate tenacity to many persons and especially to certain types of social-service and welfare agencies.

We were all taught in our school days that "Poverty is the Mother of insanity and feeble-mindedness," and on such a fallacious foundation many ecclesiastical-welfare and social-service structures were reared. To-day we have learned that the reverse is true. By reason of their defective or crippled intellects and emotions, the mentally incompetent have not been able successfully to compete in the industrial world with their more healthy-minded companions, and a reduced income is hence inevitable. Standards of so-called normal living, both as to orderliness and cleanliness, are likewise often too high for the mentally stunted to attain, and as a rule he sinks to a level compatible with his intellectual equipment. Surveys of almshouses, county poorhouses, and similar institutions reveal a percentage steadily above 75 per cent. of inmates who are mentally inefficient and who represent the backwash and residue left by the stream of average citizens.

Poverty and dependency, then, are more often results and symptoms than causes of insanity and feeble-mindedness. They also set up a vicious circle and are self-perpetuating. A feeble-minded man marries a woman of the same type and lives in dirt and squalor because neither have the necessary nor-

mal ability, willingness, or ambition to better their condition. Their children are usually feeble-minded and grow up in the same environment to commence the cycle all over again. Changing the environment, unless to one constantly supervised, does little to change the social aspects of the case, for the fundamental cause (the mental defect) has not been influenced.

This matter of dependency is a vexatious one. Mankind has been attempting from time immemorial to solve it, but he has persisted in regarding it, as he has many other evils, from a moral and an economic point of view. Organized efforts of attack have sprung into being during the past decade, and Family Welfare Societies, Associations for Improving the Conditions of the Poor, Charity Organizations Societies, and kindred groups of large staffs and complex organization have united for a common onslaught against poverty and dependency.

Such enthusiastic social-service activities are to be found nowhere in the world as highly developed as in America. They are making a sincere attempt to lessen these evils, and they are both worthy and useful—that is, in most fields. It can not be denied, however, that with a few brilliant exceptions, the majority of such social-service groups are dissipating their energies on symptoms instead of causes when it comes to attacking the dependency problem.

Not even yet has the former Lady-Bountiful concept of charity, as handing out baskets of groceries to the poor, been wholly dispelled; a concept which ignores underlying causes and sees but surface symptoms. Modern psychiatry, especially social psychiatry, points out that dependency and poverty are symptoms of some other and deeper evil, and that ameliorating symptoms may be temporarily neces-

sary but does nothing towards really solving the problem.

And so the attention of a growing class of sociologists and social workers of the more intelligent type is being focused on underlying causes for dependency and poverty, represented in a majority of cases by feeble-mindedness, defective personalities, and inability to become adjusted to the community. A new type of social worker is helping to expedite general acceptance of this concept. She is not the volunteer who afflicts and handicaps so many welfare agencies, the dabbler who feels a "call to service" and squeezes in between bridge parties and teas an hour or so of "visiting the poor." Instead she is a professional, a college-trained woman with a year or more of highly specialized training superimposed, and called a psychiatric social worker. She is the psychiatrist's assistant in the same capacity, but even more so, that the trained nurse is the surgeon's assistant. It is to her the psychiatrist turns when he wants intelligent follow-up work done in the patient's home or factory, and it is the psychiatric social worker who is carrying the torch of knowledge aloft to light the darkness in which the untrained worker is groping in search of a solution to her problems.

A prediction well on the way towards actual fulfilment insists that the solution of the problems of dependency and poverty will lie, not alone in studies of environment, not in housing conditions, not in relief work, not in doles or in pensions, but in studying the personality of the dependent, learning why he is dependent, and taking measures to shut off at the source, not half way down, the growing stream of mental abnormality and inefficiency which causes the problem.

This is the task of mental hygiene

CONCLUSION

In some ways the title of this little book, "Your Mind and You," is misleading. It implies that your mind is somehow a separable part of you, and that your physical and mental equipments are to be considered individually. If so, this is unfortunate, for in the foregoing pages an attempt has been made to demonstrate that mind and body can not be separated and that *your mind is you.* You—the real you—not the external mask you put on to mislead people—are the product of your mind, while conversely, the expression of the activities of your mind is you. This is a bit involved, to be sure, but it is a conception worthy of entertainment.

The real hope of insuring some day a generation of sound and healthy-minded citizens depends on a majority of the public knowing something about the simpler mental mechanisms that control our conduct and thoughts, and about a few at least of the danger signals that warn of disaster ahead. In a modest and admittedly incomplete way this little book hopes to fulfil its purpose by becoming one stepping-stone on the journey to the goal.

Reference Reading List

In the opinion of the writer and many others, much of the literature flooding the market on psychology, mental hygiene, and kindred subjects fails to offer a presentation that is both medically correct and written in understandable and simple language.

For the beginner the following list has been prepared and endorsed by the Massachusetts Society for Mental Hygiene.

SECTION I

Pamphlets obtainable at fifteen cents each from the Massachusetts Society for Mental Hygiene, 3 Joy Street, Boston, or from The National Committee for Mental Hygiene, 450 Seventh Avenue, New York City.

1. "Behavior Problems of School Children."
2. "Individual Variations in Mental Equipment," by Augusta F. Bronner, Ph.D.
3. "Success and Failure as Conditions of Mental Health," by William H. Burnham, Ph.D.
4. "Mental Hygiene and Social Progress," by Stanley P. Davies, Ph.D.
5. "The Child Guidance Clinic," by E. Van Norman Emery, M.D.
6. "Feeblemindedness," by Walter E. Fernald, M.D.
7. "Mental Hygiene and Crime," by Sheldon Glueck, Ph.D.
8. "Books Suggested for a Library Pertaining to Behavior Problems of Children," by David M. Levy, M.D., and Mary Coburn.
9. "Nervousness: Its Cause and Prevention," by Austen Fox Riggs, M.D.
10. "Some of the Psychological Mechanisms of Human Conduct," by Irving J. Sands, M.D., and Phyllis Blanchard, Ph.D.
11. "Psychological Conception of Mental Disease," by Edward A. Strecker, M.D.
12. "Mental Hygiene Problems of Normal Adolescence," by Jessie Taft, Ph.D.
13. "Habit Clinics for Children of the Pre-School Age," by Douglas A. Thom, M.D.
14. "Habit Training Series," leaflets on handling problem children, by Douglas A. Thom, M.D.
15. "Childhood: The Golden Period for Mental Hygiene," by William A. White, M.D.
16. "Mental Hygiene," by Frankwood E. Williams, M.D. Reading with a Purpose Series (35 cents).
17. "Mental Hygiene and the College Student," by Frankwood E. Williams, M.D.

SECTION II

Books. These books obtainable at your bookseller.

1. "Psychiatry in Education," by V. V. Anderson, M.D. Harper.
2. "Psychiatry in Industry," by V. V. Anderson, M.D. Harper.
3. "A Mind That Found Itself: An Autobiography," by Clifford W. Beers. Doubleday, Doran & Co.
4. "Present-Day Conception of Mental Disorders," by C. Macfie Campbell, M.D. Harvard University Press.
5. "Psychoanalysis for Normal People," by Geraldine Coster. Oxford University Press.
6. "Social Control of the Mentally Deficient; a Study of Social Programs and Attitudes in Relation to the Problems of Mental Deficiency," by Stanley P. Davies, Ph.D. Crowell Publishing Co.
7. "Introduction to Mental Hygiene," by Ernest R. Groves and Phyllis Blanchard, Ph.D. Holt.
8. "Personality and Social Adjustment," by Ernest R. Groves. Longmans, Green & Co.
9. "The Psychology of Insanity," by Bernard Hart. Macmillan Co.
10. "Individual Delinquent: A Textbook of Diagnosis and Prognosis for All Concerned in Understanding Offenders," by William Healy, M.D. Little, Brown & Co.
11. "Outwitting Our Nerves," by Josephine Jackson and Helen M. Salisbury. Century Co.
12. "Human Mind," by Karl A. Menninger, M.D. Alfred A. Knopf.
13. "Problem Child at Home: Study in Parent-Child Relationships," by Mary B. Sayles. Commonwealth Fund.
14. "Problem Child in School," by Mary B. Sayles. Commonwealth Fund.
15. "Discovering Ourselves: A View of the Human Mind and How It Works," by Edward A. Strecker, M.D., and Kenneth E. Appel, M.D.
16. "Normal Youth and Its Everyday Problems," by Douglas A. Thom, M.D. D. Appleton & Co.
17. "Mental Adjustments," by Frederic Lyman Wells, Ph.D. D. Appleton & Co.